

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		44	2/16/01
FORMALITY REVIEW	yr	905	3/6/01
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/16/01
2	✓	✓	2/16/01
3	✓	✓	2/16/01
4	✓	✓	2/16/01
5	✓	✓	2/16/01
6	✓	✓	2/16/01
7	✓	✓	2/16/01
8	✓	✓	2/16/01
9	✓	✓	2/16/01
10	✓	✓	2/16/01
11	✓	✓	2/16/01
12	✓	✓	2/16/01
13	✓	✓	2/16/01
14	✓	✓	2/16/01
15	✓	✓	2/16/01
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17	✓	✓	2/16/01
18	✓	✓	2/16/01
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28	✓	✓	2/16/01
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44	✓	✓	2/16/01
45	✓	✓	2/16/01
46	✓	✓	2/16/01
47	✓	✓	2/16/01
48	✓	✓	2/16/01
49	✓	✓	2/16/01
50	✓	✓	2/16/01

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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